

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Pernell Warren

No. **18 CV 4410**

Write the full name of each plaintiff.

(To be filled out by Clerk's Office)

-against-

The City of New York

Department of Corrections

COMPLAINT

(Prisoner)

Do you want a jury trial?

☒ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Pernell

R

Warren

First Name

Middle Initial

Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

3101700589

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Manhattan Detention Complex

Current Place of Detention

125 white street

Institutional Address

New York

New York

10013

County, City

State

Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☒ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner.

☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

The City of New York		
First Name	Last Name	Shield #
The City of New York		
Current Job Title (or other identifying information)		
1 Centre Street		
Current Work Address		
New York	NY	10007
County, City	State	Zip Code

Defendant 2:

The Department of Corrections		
First Name	Last Name	Shield #
The Department of Corrections		
Current Job Title (or other identifying information)		
125 white street		
Current Work Address		
New York	NY	10013
County, City	State	Zip Code

Defendant 3:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

Defendant 4:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: Manhattan Detention Complex 9 East

Date(s) of occurrence: 10.11.16

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

On October 11, 2017 I Pernel Warren was in 9 East housing area in Manhattan detention complex. At around 5:30 pm the C.O. announced that dinner was being served. I then went to receive my tray with my food. We had chili, rice, beans, and an apple. I then sat down and began eating the food. Soon after I started feeling dizzy and my mouth was really dry. When I looked around I noticed other inmates vomiting and calling for help. I then started vomiting and ran to my cell. The C.O. called for a medical emergency, but there was no response until (2) hours later. During that time I was still vomiting and was diarrhea a lot. The Captain came laughing and only took (2) inmates with her. The rest of the inmates had to wait including me until the next day. I was threatened that if I go to the clinic I would be put in a blood house. I had to stay out my cell until the next tour just to go down to the clinic. The C.O's also made jokes how somebody put rat poison in our food. The department of corrections denied me medical attention and also for not supervising the cooks & workers in kitchen. And the city of New York for employing the workers, and allowing rat poison to be put in ~~my~~ food.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Abdominal discomfort, vomiting, headache, and
diarrhea. Infectious gastroenteritis and colitis. Alum &
Mag hydroxide - simeth Suspension, 400-400-40 MG/5ml
Total Dose: 30cc, orally, Milk of Magnesia 1200 mg/15ml, and
Mylanta

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

\$ 1,000,000.00

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

05.10.18		<u>Pernell Warren</u>	
Dated		Plaintiff's Signature	
Pernell	R	Warren	
First Name	Middle Initial	Last Name	
125 white street			
Prison Address			
New York	New York	10003	
County, City	State	Zip Code	

Date on which I am delivering this complaint to prison authorities for mailing: _____



Insurance: Self Pay

WARREN, PERNELL

NYSID: 05902550Z BookCase: 3101700589

Facility Code: MDC Housing Area: 9E

29 Y old Male, DOB: 02/02/1988

Account Number: 258183

292 DELANCY STREET, 4B, NEW YORK, NY-10002

Appointment Facility: Manhattan Detention Center

10/16/2017

Appointment Provider: Joseph Mccready, PA

Allergies

N.K.D.A.

Reason for Appointment

1. Feels sick following ingestion of meal with ??foreignn substance

History of Present Illness

VISIT COMPLEXITY SCALE:

NON-INTAKE ACUITY

Non-Intake Acuity Scale 2: *Complicated sick call (problem requiring diagnostic evaluation, documented history, physical exam, specified follow up) OR One chronic condition addressed with components specified in (3)*

mccread pa note: Pt reports he still feels sick following ingestion of a meal that ??contained a foreign substance. He reports headache, neasea,.

NURSING ROS:

12:30 AM STAT MEDICATION GIVEN: MILK OF MAGNESIA SUSPENSION (1200MG/ 15ML) 30CC ORALLY FOR OTHER CONSTIPATION. MEDICATION TOLERATED WELL NO ADVERSE REACTION NOTED. MEDICATION TEACHING DONE PT VERBALIZED UNDERSTANDING. E. WILLIAMS, LPN.

Vital Signs

BP		
117/69	10/ 16/ 2017 11:48:14 PM Eastern Standard Time	Joseph Mccready
Pulse		
72	10/ 16/ 2017 11:48:14 PM Eastern Standard Time	Joseph Mccready
RR		
14	10/ 16/ 2017 11:48:14 PM Eastern Standard Time	Joseph Mccready
Temp		
98.9	10/ 16/ 2017 11:48:14 PM Eastern Standard Time	Joseph Mccready
SaO2		

Patient: WARREN, PERNELL DOB: 02/02/1988 Progress Note: Joseph Mccready, PA 10/16/2017

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

99

10/16/2017 11:48:14
PM Eastern Standard Time Joseph Mccready

11769.

Examination

General Examination:

GENERAL APPEARANCE: non-toxic, no acute distress.
HEENT: atraumatic, PERRLA.
ORAL CAVITY: clear, mucosa moist.
NECK: supple.
HEART: normal, RATE:-, regular, RHYTHM:-, regular, HEART
SOUNDS:-, normal S1S2.
LUNGS: clear to auscultation, good air exchange, no wheezes.
ABDOMEN: soft, minimal tenderness LUQ/ND, BS present.
NEUROLOGIC EXAM: alert and oriented x 3, CN's II-XII grossly
intact.
MENTAL STATUS: alert, oriented to person, oriented to place,
oriented to time, normal, full affect, euphoric affect, no thought
disorder.

Assessments

1. Functional dyspepsia - K30
2. Other constipation - K59.09

Treatment

1. Other constipation

Start Milk of Magnesia Suspension, 1200 MG/ 15ML, Total Dose: 30cc,
Orally--1st dose stat, Twice a Day, 1 days, Refills 0, Drug Source:
Pharmacy

Appointment Provider: Joseph Mccready, PA

☒

Electronically signed by Joseph Mccready PA on 12/14/2017
at 09:27 AM EST

Sign off status: Pending

Manhattan Detention Center
125 White Street
New York, NY 10013
Tel: 347-774-7000
Fax: 347-774-8088

Patient: WARREN, PERNELL DOB: 02/02/1988 Progress Note: Joseph Mccready, PA 10/16/2017

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

NYC HEALTH + HOSPITALS

Insurance: Self Pay

WARREN, PERNELL

NYSID: 05902550Z BookCase: 3101700589

Facility Code: MDC Housing Area: 9E

29 Y old Male, DOB: 02/02/1988

Account Number: 258183

292 DELANCY STREET, 4B, NEW YORK, NY-10002

Appointment Facility: Manhattan Detention Center

10/12/2017

Appointment Provider: Francisco Peguero, PA

Current Medications

Taking

- Alum & Mag Hydroxide-Simeth 400-400-40 MG/5ML Suspension Total Dose: 30cc stat, stop date 10/13/2017, Drug Source: Pharmacy

Allergies

N.K.D.A.

Reason for Appointment

1. Abdominal discomfort

History of Present Illness

Notes:

Patient comes in stating that he had food poisoning X last night at approximately 5:30 pm and is still experiencing slight abdominal discomfort. Patient states he vomited X 3 since last night and had mild diarrhea, non at this time..

VISIT COMPLEXITY SCALE:

NON-INTAKE ACUITY

Non-Intake Acuity Scale 2: *Complicated sick call (problem requiring diagnostic evaluation, documented history, physical exam, specified follow up) OR One chronic condition addressed with components specified in (3)*

Vital Signs

BP		
129/78	10/12/2017 12:26:43	
	PM Eastern Standard Time	Francisco Peguero
Pulse		
80	10/12/2017 12:26:43	
	PM Eastern Standard Time	Francisco Peguero
RR		
14	10/12/2017 12:26:43	
	PM Eastern Standard Time	Francisco Peguero
Temp		
97.3	10/12/2017 12:26:43	
	PM Eastern Standard Time	Francisco Peguero
SaO2		
100	10/12/2017 12:26:43	
	PM Eastern Standard Time	Francisco Peguero

Patient: WARREN, PERNELL DOB: 02/02/1988 Progress Note: Francisco Peguero, PA 10/12/2017

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Examination

General Examination:

GENERAL APPEARANCE: no acute distress.
HEENT: PERRLA, EOMI.
NECK: supple.
HEART: normal S1S2.
CHEST: no chest wall tenderness.
LUNGS: no wheezes/ rhonchi/ rales.
ABDOMEN: soft, NT/ ND, BS present, non tender, non distended.
EXTREMITIES: normal ROM.
MENTAL STATUS: alert , oriented to person, oriented to place,
oriented to time.

Assessments

1. Infectious gastroenteritis and colitis, unspecified - A09

Treatment

1. Infectious gastroenteritis and colitis, unspecified

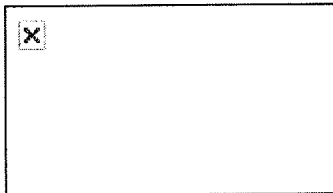
Notes: Patient advised to avoid dairy products
Continue on a clear liquid diet
30 cc of Mylanta given
RTC as needed.

Follow Up

prn (Reason: sct)

Disposition: Return to Current Housing

Appointment Provider: Francisco Peguero, PA



Electronically signed by Francisco Peguero PA, PA on
10/12/2017 at 01:09 PM EDT

Sign off status: Completed

Manhattan Detention Center

Patient: WARREN, PERNELL DOB: 02/02/1988 Progress Note: Francisco Peguero, PA 10/12/2017

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

125 White Street
New York, NY 10013
Tel: 347-774-7000
Fax: 347-774-8088

Patient: WARREN, PERNELL DOB: 02/02/1988 Progress Note: Francisco Peguero, PA 10/12/2017

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

NYC HEALTH+ HOSPITALS

Insurance: Self Pay

WARREN, PERNELL

NYSID: 05902550Z BookCase: 3101700589

Facility Code: MDC Housing Area: 9E

29 Y old Male, DOB: 02/02/1988

Account Number: 258183

292 DELANCY STREET, 4B, NEW YORK, NY-10002

Appointment Facility: Manhattan Detention Center

10/12/2017

Appointment Provider: Joseph Mccready, PA

Allergies

N.K.D.A.

Reason for Appointment

1. Gastroenteritis

History of Present Illness

Notes:

mccready pa note: pt reports ingestion of a meal that contained a ?? unknown substance. He reports episodes of n/v assoc with mild abd discomfort & headache. No fever/chills...no diarrhea. Pt also has irritation the throat but no difficulty swallowing.

VISIT COMPLEXITY SCALE:

NON-INTAKE ACUITY

Non-Intake Acuity Scale 2: *Complicated sick call (problem requiring diagnostic evaluation, documented history, physical exam, specified follow up) OR One chronic condition addressed with components specified in (3)*

Vital Signs

BP		
120/78	10/12/2017 01:42:07 AM Eastern Standard Time	Joseph Mccready
Pulse		
70	10/12/2017 01:42:07 AM Eastern Standard Time	Joseph Mccready
RR		
14	10/12/2017 01:42:07 AM Eastern Standard Time	Joseph Mccready
Temp		
97.4	10/12/2017 01:42:07 AM Eastern Standard Time	Joseph Mccready
SaO2		
98	10/12/2017 01:42:07 AM Eastern Standard Time	Joseph Mccready

Patient: WARREN, PERNELL DOB: 02/02/1988 Progress Note: Joseph Mccready, PA 10/12/2017

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Examination

General Examination:

GENERAL APPEARANCE: well-appearing, no acute distress.
HEENT: atraumatic, PERRLA.
ORAL CAVITY: clear, mucosa moist.
NECK: supple.
HEART: normal, RATE:-, regular, RHYTHM:-, regular, HEART
SOUNDS:-, normal S1S2.
LUNGS: clear to auscultation, good air exchange, no wheezes.
ABDOMEN: soft, NT/ND, BS present, no guarding or rigidity, and
no rebound.
NEUROLOGIC EXAM: alert and oriented x 3, CN's II-XII grossly
intact.
MENTAL STATUS: alert, oriented to person, oriented to place,
oriented to time, normal, full affect, euphoric affect, no thought
disorder.

Assessments

1. Gastroenteritis, viral - 008.8 (Primary)

Treatment

1. Gastroenteritis, viral

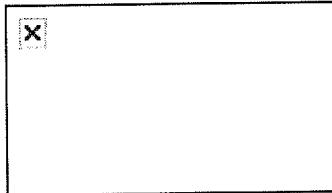
Start Alum & Mag Hydroxide-Simeth Suspension, 400-400-40
MG/ 5ML, Total Dose: 30cc, Orally, stat, 1 days, Refills 0, Drug Source:
Pharmacy

Notes: pt ed for progressive diet & RTC if encreased abd pain, fever or
change in BM'S.

Follow Up

prn, 2 - 3 Days

Appointment Provider: Joseph Mccready, PA



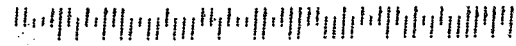
Electronically signed by Joseph Mccready PA on 12/14/2017
at 09:27 AM EST

Sign off status: Pending

Manhattan Detention Center
125 White Street
New York, NY 10013
Tel: 347-774-7000
Fax: 347-774-8088

Patient: WARREN, PERNELL DOB: 02/02/1988 Progress Note: Joseph McCreedy, PA 10/12/2017

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



RECEIVED
DOCKET UNIT
2018 MAY 17 AM 3:18

Pro Se Intake Unit
500 Pearl Street
New York, New York 10007

